

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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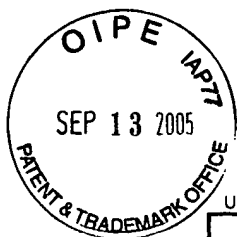
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/622,800	
	Filing Date	July 18, 2003	
	First Named Inventor	Roman TUROVSKIY	
	Art Unit	3739	
	Examiner Name	P. VRETTAKOS	
Total Number of Pages in This Submission	6	Attorney Docket Number	412692001700

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (in triplicate) - 3 pages 2. Copy of Request to Transfer - 2 pages 3. Return Receipt Postcard
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Thomas E. Ciotti		
Date	September 8, 2005	Reg. No.	21,013

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: September 8, 2005	Signature: (Lindsay D. Seydel)



PTO/SB/83 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/622,800
	Filing Date	July 18, 2003
	First Named Inventor	Roman TUROVSKIY
	Art Unit	3739
	Examiner Name	P. VRETTAKOS
	Attorney Docket Number	412692001700

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

Our client, Vivant Medical, Inc., has been acquired by Tyco Healthcare. This request is being made at the request of Tyco Healthcare. Tyco Healthcare is aware of all upcoming deadlines and has asked that we withdraw from representation as expeditiously as possible, so as to no to impede the transfer of work to them.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:
☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	United States Surgical				
Address	150 Glover Ave				
City	Norwalk	State	CT	Zip	
Country	U.S.A.				
Telephone	(203) 845-4145		Email		
Signature	<i>Thomas E. Ciotti</i>				
Name	Thomas E. Ciotti		Registration No.	21,013	
Date	September 8, 2005		Telephone No.	(650) 813-5702	

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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(Lindsay D. Seydel)



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☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name United States Surgical

Address	150 Glover Ave			
City	Norwalk	State	CT	Zip
Country	U.S.A.			
Telephone	(203) 845-4145		Email	
Signature	<i>Thomas E. Ciotti</i>			
Name	Thomas E. Ciotti		Registration No.	21,013
Date	September 8, 2005		Telephone No.	(650) 813-5702

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Signature:

(Lindsay D. Seydel)



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Dated: September 8, 2005

Signature: *[Signature]*

(Lindsay D. Seydel)

MORRISON | FOERSTER755 PAGE MILL ROAD
PALO ALTO
CALIFORNIA 94304-1018TELEPHONE: (650) 613-5400
FACSIMILE: (650) 494-0792

WWW.MOFO.COM

MORRISON & FOERSTER LLP
NEW YORK, SAN FRANCISCO,
LOS ANGELES, PALO ALTO,
SAN DIEGO, WASHINGTON, D.C.
DENVER, NORTHERN VIRGINIA,
ORANGE COUNTY, SACRAMENTO,
WALNUT CREEK, CENTURY CITY
TOKYO, LONDON, BEIJING,
HONGKONG, SINGAPORE, BRUSSELS

August 31, 2005

Writer's Direct Contact
650/813-4298
MMayer@mofo.com*By Facsimile*Kathleen Tracy
Intellectual Property Manager
United States Surgical
150 Glover Avenue
Norwalk, CT 06856Re: Requested Confirmation of Instructions to Transfer
Vivant Medical, Inc. (41269) All Patent Matters

Dear Kathy:

This letter confirms our receipt of your instructions dated August 29, 2005 to transfer all Vivant Medical, Inc. patent matters to the address below:

Kathleen Tracy
Intellectual Property Manager
United States Surgical
150 Glover Avenue
Norwalk, CT 0685
Business: (203) 845-4145
Business fax: (203) 845-4266

We estimate that it will take us approximately a week to gather the materials and file the required papers with the U.S Patent and Trademark Office. Therefore, you should expect the files shortly.

We have chosen not to photocopy the files. We have made this decision based on the understanding that Morrison & Foerster will be granted access to it in the future, if necessary, for review or photocopy purposes with reasonable notice during normal business hours.

MORRISON | FOERSTER

Kathleen Tracy
August 31, 2005
Page Two


We ask that you sign below to confirm your transfer instructions as outlined above and your agreement to the estimated date of completion. I look forward to your prompt return of this confirmation so as not to delay the process.

Sincerely,



Mika Mayer

Received and acknowledged by



Signature

on

9.1.05.
Date